



Member Name: Sprout Kids Academy, Inc.

ACH Debit Origination Authorization

GreenState Credit Union – Authorization for Automatic Payments From
Authorized Financial Institution to GreenState Credit Union

I authorize GreenState Credit Union to initiate a debit entry from the checking/savings account at the financial institution named below. This authorization will remain in effect until I notify Sprout Kids Academy in person or in writing to revoke this authorization. I must notify Sprout Kids Academy by the 3pm on the first day of the month before my account is charged.

Financial Institution Information: (please print clearly)

Name of Financial Institution _____

Name(s) on Account _____

Financial Institution Routing Number _____

Account Number _____

Checking Account or Savings Account

Total Amount to Originate \$_____ per month

Please debit my account on the 5th of each month beginning _____ 20____
month

I understand that should the regularly scheduled debit date fall on a weekend or federal holiday the debit shall occur on the following business day.

Parent Signature

Date